

Signature: ....

## AMENDMENT OR CANCELLATION TO STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

FILED EFFECTIVE

Title 30, Chapters 21 and 23, Idaho Code Filing fee: \$30 typed, \$50 not typed

Complete and submit the application in <u>duplicate</u>.

2018 SEP -4 AM 9: 28

SECRETARY OF STATE STATE OF IDAHO

| The name of the limited liability partnership:                                                                                           |                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| 238 Meadows Loop, L.L.P.                                                                                                                 |                                                                                                         |
| 2. The date the statement was filed with the Idaho Secretary of State                                                                    | is: October 23, 2002                                                                                    |
| 3. The name of the limited liability partnership is amended to:                                                                          |                                                                                                         |
| <ol> <li>The complete street and mailing addresses of the limited liability p</li> <li>238 Meadows Loop, Ketchum, Idaho 83340</li> </ol> | partnership's principal office are amended to:                                                          |
| (Street Address) P.O. Box 6417, Ketchum, Idaho 83340 (Mailing Address: if different)                                                     |                                                                                                         |
| 5. The partners are amended as follows:  Add: Delete: (Name) (Address)                                                                   |                                                                                                         |
| Add: Delete: Mame) (Address)                                                                                                             |                                                                                                         |
| Add: Delete: 7Name) (Address)                                                                                                            |                                                                                                         |
| 6. The statement of qualification is hereby cancelled.                                                                                   |                                                                                                         |
| 7. Signatures of a partner:                                                                                                              | Secretary of State use only                                                                             |
| Printed Name: Dina Madsen Signature: V DWA CWADOW                                                                                        | IDAHO SECRETARY OF STATE  09/04/2018 05:00  CK:2169 CT:143852 BH:1662017  16 30.00 = 30.00 LLP AMEND #2 |
| Printed Name:                                                                                                                            | 7937                                                                                                    |